



# Global Faculty Initiative

**The Faculty Initiative  
seeks to promote the integration  
of Christian faith and academic disciplines  
by bringing theologians into conversation with scholars  
across the spectrum of faculties  
in research universities  
worldwide.**

[www.globalfacultyinitiative.net](http://www.globalfacultyinitiative.net)

Disciplinary Brief

## **PUBLIC HEALTH AND THE CREATED ORDER**

Tyler VanderWeele

John L. Loeb and Frances Lehman Loeb Professor of Epidemiology, Harvard University School of Public Health

Co-Director of the Initiative on Health, Religion and Spirituality and Director of the Human Flourishing Program, Harvard University

---

In this short essay, I would like to offer some comments on the relation of the created order, and Nigel Biggar's reflections on the created order (Biggar, 2022), to the discipline of public health. I will structure my comments around three propositions.

### **1. Public health is to preserve the created order with respect to human persons as created good by God, but recognizing also the fallen nature of humanity.**

Public health has been defined "the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society" (Acheson, 1988; WHO). God created the human person good with various capacities including capacities to act, to reason, and to love. These capacities arise from the physical, mental, social, and spiritual nature of the human person. The human person attains his or her fulfillment in the exercise of these capacities in relation to God and to others so as to flourish as the type of creature that the human person is (Biggar, 2022). The human person is embodied and care for the body enables our various human capacities.

Human capacities – such as to act, to reason, and to love – are expanded by our living within communities (Biggar, 2022). We benefit from each other's knowledge. We benefit from coordinated activity. We benefit from not only loving and being loved by others, but from seeking together a common good. Public health, as the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society, is a product of our living together in a coordinated manner within communities. In working as a community, public health institutions can share knowledge about health, and its distribution and determinants, and can work together to preserve and promote health.

Within God's created order, the human body has an extraordinary capacity to heal itself. Health is in some sense the body's natural state as created by God (Aquinas, 1265, 1.3.157; Gadamar, 1996, Chapter 8;

VanderWeele, 2022, 1.3b). The body often effectively heals from minor injuries naturally over time, and the body will sometimes recover from disease by its normal operations; it has a certain capacity for restoration. This capacity of the body to restore itself is part of God's care and providence – God's ordering and sustaining the world. Health in some sense was, and is, God's intent.

However, as a result of human wrongdoing and the fallen nature of our world, the body and the human person no longer retain perfect health, and the body's capacity for restoration of health is limited. Institutions of public health make us better aware of our deficiencies with respect to health and well-being, and give us knowledge as to how to address those deficiencies and how to limit or prevent declines in health. Because of the fallen nature of humanity and of the world, such attempts will always at best be met with only partial success. All do eventually die and our mortality should be taken into account in thinking about issues of the distribution of resources to promote health. However, by working together, by coordinating knowledge and action, health can better be preserved. This is itself a caring for one another. This caring can itself be a form of love, part of God's intent for the created order.

## **2. Public health is to preserve the created order of our world and the environment, both for the sake of the health of human persons, and because it is important in its own right.**

Care for the environment and for our world is critical as a part of promoting health and well-being. This is so because our environment affects our physical health. However, care for the environment is also important because the world in which we live has been entrusted to us by God. Care for our world is part of the task that we have been given by God to do (Biggar, 2022). We are to have a certain love for all of creation as all of the created order was originally created good by God (Francis, 2015; Biggar, 2022).

Care for the environment includes care of living things, along with limiting the damage done to our world with respect to making it less hospitable to human life, and to other forms of life (Francis, 2015). Pollution, toxins and harmful chemicals can all detrimentally affect human health and the health of other living creatures. Public health includes the study of how various environments and contexts, various chemicals and toxins, and various changes to our climate do or do not affect human health (Woodward and Macmillan, 2015). Because of the fallen nature of our world, there can be difficult trade-offs with respect to actions concerning providing food and energy for present use versus actions that preserve our environment and resources for future use. Careful study of the created order, of what actions are or are not harmful, and to what degree, and on what time horizon, are needed to be able to make decisions in a prudential and just manner (Francis, 2015).

It is not only the natural environment that affects human health and well-being but our social environment as well (Berkman et al., 2014). Social relationships, communities, families, friendships, and religious life can all powerfully contribute to health and well-being (Berkman et al., 2014; VanderWeele, 2022). Discrimination, injustices, alienation and loneliness, war and violence, can all harm our health and well-being. Careful study of our social contexts – a study of the created order as embedded in social life and of

the constraints imposed by human wrongdoing – is thus likewise needed promote health and well-being. This too belongs to the discipline of public health in its study of the created order.

### **3. A better understanding of the created order can better direct the efforts of public health institutions.**

Public health efforts should ultimately be concerned not only with the health of bodies but also with the health of persons. The World Health Organization defines health “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO, 1946). One might add to this a spiritual dimension of health (Larson, 1996; Peng-Keller, 2022; VanderWeele, 2022) thereby conceiving of health, of a person, as “a state of complete physical, mental, social, and spiritual well-being.” Understanding the physical, mental, social, and spiritual nature of the human person is in some sense the combined task of all academic disciplines. It is the study of the created order as it pertains to the human person and all that affects human persons. Such study can empower the discipline of public health. As we come to better understand what constitutes and contributes to a person’s physical, mental, social, and spiritual well-being, we will come to a better understanding of how these various dimensions of human well-being can better be promoted. We can once again share knowledge, and coordinate action, to promote the health of human persons and human societies.

Public health thus needs input from the **humanities** – from philosophy, theology, history, and the arts – to discern the nature of human well-being and the spiritual ends of human society. This would include proper discernment of the natural law, the moral order, and the nature of human virtue (Biggar, 2022). In pluralistic contexts, there will inevitably be some disagreement over understandings of morality, virtue, and the good, but some consensus is nevertheless arguably attainable (Biggar, 2022). I would argue that public health might reasonably promote those aspects of human health and well-being concerning which consensus can be attained (VanderWeele, 2022) and that those ends might reasonably include the promotion of happiness, bodily health, meaning, character, good relationships, and material and financial means (VanderWeele, 2017). However, tradition-specific notions of well-being and spiritual well-being should also be respected, and can arguably be promoted, to some extent at least, even in the context of pluralistic societies (VanderWeele et al, 2021; VanderWeele, 2022).

Public health also needs input from the **social sciences** – from psychology, sociology, anthropology, and economics – to understand the workings of the human person and of human society and communities. This would include, amongst other things, various efforts to empirically study various aspects of human well-being including, as above, happiness, health, meaning, character, relationships, and material means, along with communal well-being (VanderWeele, 2017, 2019).

Public health needs input from the **natural and applied sciences** – to understand the natural world, its effects on human health, and what can be done to structure human life, action, and technology to promote, rather than hinder, human health.

Public health requires a full study of the created order to be able to best, and most appropriately, and most holistically, carry out its good work in the preventing disease, prolonging of life, and promoting health and well-being.

---

## References

- Acheson, D. (1988). *Public Health in England: The Report of the Committee of Inquiry into the Future Development of the Public Health Function*. The Stationary Office, London.
- Aquinas, T. (1265). *Summa contra Gentiles*
- Berkman, L. F., Kawachi, I., & Glymour, M. M. (Eds.). (2014). *Social epidemiology*. Oxford University Press.
- Biggar, N. (2022). *Order*. Global Faculty Initiative Theological Brief.
- Francis (2015). *Laudato si': On care for our common home*. [https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco\\_20150524\\_enciclica-la-udato-si.html](https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20150524_enciclica-la-udato-si.html)
- Gadamer, H. G. (1996). *The enigma of health* (J. Gaiger & N. Walker, Trans.). Stanford University Press.
- Larson, J. S. (1996). The World Health Organization's definition of health: Social versus spiritual health. *Social indicators research*, 38(2), 181-192.
- Peng-Keller, S., Winiger, F., & Rauch, R. (Eds.). (2022). *The Spirit of Global Health: The World Health Organization and the 'Spiritual Dimension' of Health, 1946-2021*. Oxford University Press.
- VanderWeele, T. J. (2017). On the promotion of human flourishing. *Proceedings of the National Academy of Sciences*, 114(31), 8148-8156.
- VanderWeele, T.J. (2019). Measures of community well-being: a template. *International Journal of Community Well-Being*, 2:253-275.
- VanderWeele, T.J. (2022). *A Theology of Health*. Manuscript under review.
- VanderWeele, T.J., Long, K. and Balboni, M.J. (2021). On tradition-specific measures of spiritual well-being. In: M. Lee, L.D. Kubzansky, and T.J. VanderWeele (Eds.). *Measuring Well-Being: Interdisciplinary Perspectives from the Social Sciences and the Humanities*. Oxford University Press, Chapter 16: 482-498.
- Woodward, A. and Macmillan, A. (2015). *The environment and climate change*. Oxford Textbook of Global Public Health (6 ed.) Edited by Roger Detels, Martin Gulliford, Quarraisha Abdool Karim, and Chorh Chuan Tan.
- WHO (World Health Organization) (1946). *Constitution of the World Health Organization*, adopted by the International Health Conference, New York, 19 June–22 July 1946, and signed on 22 July 1946. Geneva: WHO.

**For more information**

**[www.globalfacultyinitiative.net](http://www.globalfacultyinitiative.net)**